

# El Cuidado infantil importa: Programa de pago suplementario en respuesta al COVID-19

**Child Care Counts: COVID-19 Emergency Program –  
Supplemental Payments – Application Instructions**

09/08/2020



Wisconsin Department of  
Children and Families

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# Acerca de esta guía

Esta guía detalla cómo los proveedores deberán usar el DCF's Provider Portal (Portal para Proveedores del DCF) para solicitar el *Child Care Counts: COVID-19 Supplemental Payment Program (El Cuidado infantil importa: Programa de pago suplementario en respuesta al COVID-19)* durante el período de solicitud **del 9 al 18 de septiembre**.

La solicitud del Programa de pagos se encuentra disponible en el sistema [Child Care Provider Portal \(Portal para proveedores de cuidado infantil\)](#). Puede encontrar información sobre [cómo solicitar acceso al Portal aquí](#). Si necesita ayuda para acceder al Child Care Provider Portal (Portal para Proveedores de cuidado infantil), envíe un correo electrónico a [DCFPlcBECRCBU@wisconsin.gov](mailto:DCFPlcBECRCBU@wisconsin.gov).

Si no puede acceder al Provider Portal (Portal para proveedores), o elige no hacerlo, puede comunicarse con el Servicio de atención al cliente del Programa de pagos para obtener ayuda sobre cómo completar su solicitud por teléfono.

**Nota del sistema:** la sesión en el Child Care Provider Portal (Portal para Proveedores de cuidado infantil) expirará después de **20 minutos de inactividad**, lo cual obligará a los usuarios a iniciar sesión nuevamente.

## AVISO IMPORTANTE

Los programas Child Care Counts (El Cuidado infantil importa) son programas por tiempo limitado diseñados para entregar asistencia a los proveedores de cuidado infantil en respuesta a la emergencia de salud pública generada por el COVID-19. **Estos fondos no son subvenciones**, ya que ese término se define en la 45 CFR72 y en las reglamentaciones federales relacionadas, y el uso de la palabra “subvención” es incidental.



### Servicio al cliente de Child Care Counts (El cuidado infantil importa)

Si necesita ayuda, envíe un correo electrónico a:  
[DCFDECECOVID19CCPayments@wisconsin.gov](mailto:DCFDECECOVID19CCPayments@wisconsin.gov).

O llame y deje sus preguntas detalladas en:  
608-535-3650

# Cómo presentar una solicitud

Child Care Provider Portal

## Login

Existing CCPI Users can log in with their User ID and password that you used for CCPI.

User ID

Password

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

**Login**

**Request Access:** Click on the following link Request Access

**Help:** For problems logging in or to update your user profile, click on the following link Account Management

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## 1. Pantalla de inicio de sesión

Vaya a <https://mywchildcareproviders.wisconsin.gov/>

Ingrese su **User ID** (Identificación de usuario) y **Password** (Contraseña) en el campo correspondiente.

Haga clic en el botón **Login** (Iniciar sesión) para continuar.

### COVID-19 Emergency Information

Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address 2414 E Calvary Dr  
Dane, WI 53254-4144

Is this location currently open?  Yes  No

Are you able to provide care for more children with special needs?  Yes  No

Enter the number of open slots you have available at this location below.

For children under 2 years?

For 2 and 3 year-olds?

For 4 and 5 year-olds?

For 6 year-olds and older?

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots

Number of staff needed to increase or meet capacity

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

**Save**

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COVID-19  
Payments

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## NOTA IMPORTANTE

### Actualice sus cupos abiertos

Antes de comenzar su solicitud, revise los cupos abiertos que tiene disponibles, incluidos los cupos para los diferentes rangos de edades y el total de cupos disponibles. Esto asegurará que las vacantes disponibles de su centro se muestren con precisión en el [Available Child Care Map](#) (Mapa de cuidado infantil disponible).

Haga clic en **Save** (Guardar) cuando su información esté actualizada.

# Cómo presentar una solicitud

**COVID-19 Emergency Information**  
Due to the COVID-19 pandemic, please complete the following and keep it up-to-date so that DCF and its partners can help Healthcare workers and others performing critical functions fill urgent child care needs. Press "Save" once you have completed filling out or updating the information.

Address 2414 E Cakery Dr  
Dane, WI 53214-4144

Is this location currently open?  Yes  No

Are you able to provide care for more children with special needs?  Yes  No

Enter the number of open slots you have available at this location below.

For children under 2 years?

For 2 and 3 year-olds?

For 4 and 5 year-olds?

For 6 year-olds and older?

Enter the total number of open slots (i.e., available slots) you have available at this location below.

Total available slots

Number of staff needed to increase or meet capacity

List here all essential emergency supplies you need

Last updated on 04/16/2020 04:51 PM

[Save](#)

---

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[COVID-19 Payments](#)

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

## 2. Botón de Programa de pagos COVID-19

Haga clic en el botón **COVID-19 Payments** (Programa de pagos COVID-19) en la parte inferior de la página de *Información sobre la emergencia por COVID-19*.

# Cómo comenzar su solicitud

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Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	<b>Apply</b> ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied	<b>Apply</b> ▶

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**3. Iniciar la solicitud**  
Para solicitar un programa específico, seleccione el botón **Apply** (Solicitar) en la página *Summary* (Resumen).

### COVID-19 Payments

Please read all the below details before proceeding with application

#### COVID-19 Payments Information

**IMPORTANT NOTICE:** The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

**What is Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities?**

The *Providing Safe, Healthy, And High-Quality Child Care Opportunities* payment program is intended to support the costs of maintaining or enhancing compliance status and/or YoungStar level, increasing health and safety practices, and ensuring high-quality care is available across state. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

**When Can I Apply?**

You may apply for this payment anytime from 08/28/2020 through 09/08/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

**What information do I need to complete this application?**

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

**What happens after I submit my application?**

After 09/08/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

**Continue** ▶

## 4. Cómo revisar la información del Programa de pagos

Después de seleccionar un programa de pagos, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago seleccionado
- Cuándo puede solicitar el proveedor
- Qué información se recopilará en el proceso de solicitud
- Qué sucede después de presentar la solicitud

## 5. Continuar

Haga clic en **Continue** (Continuar) para ir a la página *Payment Application Details* (Detalles de la solicitud del programa de pagos).

# Página de resumen de los programas de pagos

## 6. Lista de Solicitud de Programas de Pagos COVID-19

Solo hay un período de solicitud.

**Del 9 al 18 de septiembre.**

Hay dos programas de pago que puede solicitar un proveedor.

- A. Otorgamiento de oportunidades de cuidado infantil seguras, saludables y de alta calidad
- B. Financiamiento de esfuerzos de contratación y retención de personal

Funding Period	When Can I Apply?	Payment Program	Status
March 12 - April 11	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Not Available
March 12 - April 11	May 03 - May 15	Incentive Pay	Not Available
March 12 - April 11	May 03 - May 15	Support For Closed Child Care Programs	Not Available
April 12 - May 11	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available
April 12 - May 11	May 31 - June 14	Incentive Pay	Not Available
April 12 - May 11	May 31 - June 14	Support For Closed Child Care Programs	Not Available
May 12 - June 11	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available
May 12 - June 11	June 29 - September 08	Incentive Pay	Not Available
May 12 - June 11	June 29 - September 08	Support For Closed Child Care Programs	Not Available
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied



**Los proveedores regulados pueden solicitar AMBOS programas de pago. Revise los detalles de Elegibilidad y Requisitos en la [Payment Program web page](#) (Página web del Programa de Pagos).**

Además del nombre del Programa de pagos, también verá el **Status** (Estado) de su solicitud.

**Incomplete** (Incompleto) indica que ha iniciado una solicitud para el programa, pero no se ha completado. Haga clic en **Details** (Detalles) para regresar a su solicitud.

**Not Applied** (No solicitado) significa que no ha solicitado este programa. Haga clic en **Apply** (Solicitar) para comenzar su solicitud.

**Puede realizar correcciones a su solicitud hasta el fin del período de solicitud – 11:59 p. m. del viernes 18 de septiembre. Una vez que finaliza el período de solicitud, las solicitudes no pueden ser modificadas.**



**CÓMO SOLICITAR EL PAYMENT PROGRAM A  
(PROGRAMA DE PAGOS A)**

**Otorgamiento de  
oportunidades de  
cuidado infantil  
seguras, saludables  
y de alta calidad**

# Cómo comenzar su solicitud

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**D-19 Payment Application List**  
or COVID-19 payments and view details of payment program applications already started or completed.

Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Not Available	
March 12 - April 11	May 03 - May 15	Incentive Pay	Not Available	
March 12 - April 11	May 03 - May 15	Support For Closed Child Care Programs	Not Available	
April 12 - May 11	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available	
April 12 - May 11	May 31 - June 14	Incentive Pay	Not Available	
April 12 - May 11	May 31 - June 14	Support For Closed Child Care Programs	Not Available	
May 12 - June 11	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available	
May 12 - June 11	June 29 - September 08	Incentive Pay	Not Available	
May 12 - June 11	June 29 - September 08	Support For Closed Child Care Programs	Not Available	
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

◀ Home

## 1. Comience la solicitud

Para solicitar un programa específico, seleccione el botón **Apply** (Solicitar) en la página **Summary** (Resumen).

## 2. Revise la información del programa de pagos

Después de seleccionar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago seleccionado
- Cuándo puede solicitar el proveedor
- Qué información se recopilará en el proceso de solicitud
- Qué sucede después de presentar la solicitud

2

**COVID-19 Payments**  
Please read all the below details before proceeding with application

**COVID-19 Payments Information**

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Continue ▶

3

## 3. Continúe

Haga clic en **Continue** (Continuar) para ir a la página **Application Details** (Detalles de la solicitud).

# Agregar detalles de su programa en la solicitud

**COVID-19 Payments – Add Application Details**  
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

**Gantee Details**

Funding Period: Fall 2020

Grantee First Name \*

Grantee Middle Initial

Grantee Last Name \*

Grantee Email \*

Grantee Phone \*

**Tell us if your program is opened or closed due to COVID-19**

Was your facility open on 09/04/2020? \*  Yes  No

**Tell us about the children at your facility**

Did your facility serve any children with disabilities? \*  Yes  No ⓘ

Did your facility serve any children who speak languages other than English? \*  Yes  No

Did your facility serve any children who are experiencing homelessness? \*  Yes  No ⓘ

Did your facility serve any children from tribal communities? \*  Yes  No

Did your facility serve any children living in rural areas? \*  Yes  No ⓘ

**Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities**

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled \*  ⓘ

Enter the number of children enrolled on 09/04/2020 at this location.

Comments

Add

## 4. Agregue detalles del beneficiario del programa

Hay un solo período de financiamiento para esta solicitud.

Asegúrese de ingresar la información marcada con una estrella roja. ✖

Si se ingresa información errónea, su solicitud se podría retrasar.

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Was your facility open on 09/04/2020? \*  Yes  No

## 5. Informe las aperturas/cierres de su programa

¿Estuvo abierto su Centro el 09/04/2020?

## 6. Información sobre los niños que atiende su programa

En esta sección, puede hacer clic en el ⓘ icono para obtener mayor información sobre la pregunta.

Haga clic en **Add (Agregar)** para pasar a la página siguiente.



**NOTA:** Si anteriormente solicitó fondos a través del Child Care Counts Payment program (Programa de pago El Cuidado infantil importa) original, muchos de los campos de la solicitud se completarán automáticamente. Revise todos los campos que se completaron para asegurarse de que aún estén correctos y actualícelos según sea necesario.

# Actualizar o verificar cierres temporales del programa

## 7. Cierres temporales

Se le pedirá que verifique cualquier cierre temporal durante el período de fondos. Si los cierres ya estaban ingresados en el Portal para proveedores, se mostrará esa información aquí. Si necesita agregar un período de cierre temporal, seleccione el botón **Add Temporary Closure** (Agregar cierre temporal) y será dirigido a la sección **Closure Schedule** (Calendario de cierres) que se muestra a continuación.

**COVID-19 Payments - Temporary Closure**

**Common Details**

Funding Period: Fall 2020  
Grantee Name: Hardware, Ace

**Verify Temporary Closure**

From	To	Closure Reason	Comments
		No closures	

The closure periods should reflect any periods of time your facility was closed during the funding period (8/30/2020 - 9/5/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

**Add Temporary Closure**

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Verify**

Después de incluir todos los cierres temporales, haga clic en la casilla de verificación para indicar que ha registrado y verificado con precisión los cierres temporales de su programa.

**COVID-19 Payments - Add Closure Schedule**

**Common Details**

Funding Period: Fall 2020  
Grantee Name: Hardware, Ace

**Verify Temporary Closure**

From Date: 3/13/2020  
To Date: 3/25/2020  
COVID-19 Closure Reason: COVID-19 Lack of families  
Comments: Not enough kids

**Add**

**Temporary Closure**

**!** Si no tuvo ningún cierre temporal durante el período de fondos, marque la casilla de verificación y seleccione **Verify** (Verificar) para continuar con la solicitud.

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Verify**

# Actualizar o verificar las horas de funcionamiento

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## COVID-19 Payments - Operational Hours

Add Operational Hours

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Common Details	
Funding Period	Fall 2020
Grantee Name	Hardware, Ace

[...More](#)

---

### Operational Hours

Specify your Operating Hours during  
8/30/2020 – 9/5/2020

Enter open times for each day you are open  
(e.g., 7 am – 6 pm)

Sunday

Monday  
6:00 AM - 6:00 PM

Tuesday  
6:00 AM - 6:00 PM

Wednesday  
6:00 AM - 6:00 PM

Thursday  
6:00 AM - 6:00 PM

Friday  
6:00 AM - 6:00 PM

Saturday

Open some hours between 6 am and 6 pm ? \*  Yes  No

Open some hours before 6 am or after 6 pm ? \*  Yes  No

Comments

**Add**

◀ [Operational Hours Details](#)

## 8. Horas de funcionamiento

En la siguiente sección, informe las horas de funcionamiento de su programa entre el **8/30/20** y el **9/5/20**. Las horas de funcionamiento se completarán automáticamente en base a su licencia o certificación. Si realizó algún cambio en sus horas de funcionamiento para ampliar el horario de atención durante el período de financiamiento, deberá actualizar la información para todos los días que difieran del horario regular de su licencia o certificación. Seleccione el botón **Add** (Agregar) para guardar su información y continuar a la sección **Individuals** (Personas), donde informará el personal del programa durante la Emergencia por COVID-19.

# Agregar información de los menores

## 9. Agregar menores a la solicitud

Se le solicitará agregar a *todos* los menores de su programa que estaban inscritos el **9/4/20**.

**NOTA:** La cantidad de menores agregados en esta sección debe ser igual a la cantidad de menores que indicó que estaban inscritos en la primera página de la solicitud: *Add Application Details (Cómo agregar detalles en la solicitud)*.

Payment Program Details for *Providing Safe, Healthy, And High-Quality Child Care Opportunities*

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled \*  ⓘ

Comments

Add

COVID-19 Payments – Add Child

Common Details

Funding Period: Fall 2020

Grantee Name: Ware, Ace H [...More](#)

Child Details

First Name \*

Middle Initial

Last Name \*

Date of Birth \*  ⓘ

Care Type \*  Full-time Care  Part-time Care

Has disability? \*  Yes  No ⓘ

Speaks language other than English? \*  Yes  No

Experiencing homelessness? \*  Yes  No ⓘ

Living in tribal community? \*  Yes  No

Living in rural area? \*  Yes  No ⓘ

WI Shares recipient during 8/30/2020 – 9/5/2020? \*  Yes  No

Attend during 8/30/2020 – 9/5/2020? \*  Yes  No ⓘ

Did the child attend at least one day between 8/30/2020 and 9/5/2020?

Comments

Add

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

# Lista previa de menores con subvenciones

## 10. Verificar la lista previa de menores

Si anteriormente solicitó fondos de Child Care Counts (El Cuidado infantil importa), los menores agregados a su solicitud previa aparecerán aquí y se pueden copiar en su solicitud actual. Haga clic en **COPY** (COPIAR) para agregar menores a su solicitud. Esto le llevará a la página **Child Details** (Detalles del menor).

COVID-19 Payments – Previous Grant Child List			
Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
<a href="#">...More</a>			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	<b>10</b> Copy ▶
Star Bolt	5/4/2016	Full-Time Care	Copy ▶
Kit C Broom	8/3/2015	Part-Time Care	Copy ▶
<a href="#">Add Child</a> ▶			
◀ <a href="#">Child List</a>			

Child Details	
First Name *	<input type="text" value="Child"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="One"/>
Date of Birth *	<input type="text" value="1/1/2019"/>
Care Type *	<input checked="" type="radio"/> Full-time Care <input type="radio"/> Part-time Care
Has disability? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Speaks language other than English? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Experiencing homelessness? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Living in tribal community? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Living in rural area? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
WI Shares recipient during 8/30/2020 – 9/5/2020? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attend during 8/30/2020 – 9/5/2020? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ

Verifique los detalles del menor que se copiaron e indique si el menor asistió al menos un día entre el 8/30/20 y el 9/5/20. Haga clic en el ⓘ icono para obtener mayor información sobre las preguntas.

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

# Agregar información de los menores

## 11. Agregar menores a la solicitud

Después de agregar un menor a la solicitud, será dirigido a la sección *Child List* (Lista de menores) que le mostrará los menores agregados a su solicitud. Haga clic en el botón **Add Child** (Agregar menor) para continuar agregando menores a su solicitud. Recuerde, la cantidad de niños que se muestra en esta lista debe coincidir con la cantidad de niños inscritos que indicó en la sección *Grant Details* (detalles de la subvención).

**VID-19 Payments – Child List**

Common Details			
Funding Period	Fall 2020		
Grantee Name	Ware, Ace H		
<a href="#">...More</a>			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	<a href="#">Details</a>
Star Bolt	5/4/2016	Full-Time Care	<a href="#">Details</a>
Kit C Broom	8/3/2015	Full-Time Care	<a href="#">Details</a>
<a href="#">Add Child</a>			

**COVID-19 Payments – Child Details**

Common Details	
Funding Period	03/12/2020 - 04/11/2020
Grantee Name	Provider, Test
<a href="#">...More</a>	
Child Details for COVID-19 Payments	
First Name	Test
Middle Initial	
Last Name	Baby
Date of Birth	1/1/2010
<a href="#">...More</a>	

Si necesita actualizar o revisar la información de un niño específico, haga clic en el botón **Details** (detalles) para acceder al registro de ese niño. Haga clic en el botón **...More** (...Más) para acceder al botón **Modify Child** (Modificar detalles del menor).

Si agregó un menor por error a la solicitud, puede eliminarlo marcando la casilla **Remove this child from the grant?** (¿Eliminar este menor de la subvención?)

Comments

Remove this child from the grant?

[Save](#)

Haga clic en **Save** (guardar) en la página *Modify Child Details* (modificar detalles del niño) si ha cambiado alguna información y volverá a *Child List* (lista de niños). Puede continuar agregando niños según sea necesario, o bien, proceda a enviar su solicitud.

# Finalizar su solicitud

12

## VID-19 Payments – Previous Grant Child List

Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
<a href="#">More</a>			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	<a href="#">Copy</a>
Star Bolt	5/4/2016	Full-Time Care	<a href="#">Copy</a>
Kit C Broom	8/3/2015	Part-Time Care	<a href="#">Copy</a>
<a href="#">Add Child</a>			
<a href="#">Submit Application</a>			
<a href="#">Application details</a>			

## 12. Revise el envío de su solicitud

Haga clic en **Submit Application** (Enviar solicitud) para finalizar su solicitud.

Será dirigido a la página **Submit Application** (enviar solicitud). En la parte superior de la página se comparará la información que ingresó en la sección **Application Details** (detalles de la solicitud) con la información que ingresó para cada niño. El texto en rojo indica que hay información que no coincide entre la página **Application Details** (Detalles de la solicitud) y los detalles de cada menor.

La información inconsistente o incorrecta retrasará y/o posiblemente no permitirá que su solicitud sea procesada. Es imprescindible que corrija la información indicada en color rojo. Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para solicitar asistencia.

### COVID-19 Payments – Application Details

[Continue to Child List](#)

Common Details	
Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(555) 555-1223
Funding Period	Fall 2020
Was your facility open on 09/04/2020?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No
Did your facility serve any children living in rural areas?	No
<a href="#">Modify Common Details</a>	

---

**Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities**

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	3
Grant Status	Incomplete <a href="#">(View Terms and Conditions)</a>
<a href="#">Modify Application Details</a>	

Temporary Closure

Operational Hours

Children

Payment Documents

Submit Application

Application Review

[Payment Program Summary](#)

# Finalizar su solicitud

COVID-19 Payments - Submit Application

Common Details	
Funding Period	Fall 2020
Grantee Name	Test, Test

...More

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	5 <span style="color: red;">Children enrolled for the facility does not match the number of children entered in the application. Number entered: 3</span>
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 10/19/20.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

receive funding for Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety guidelines for child care providers as outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for the following purposes which include but are not limited to:
  - Personal Protective Equipment (PPE)
  - Materials/supplies for cleaning and sanitation
  - Materials/supplies for enhancing environment
  - Professional development and/or continuing education
  - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
    - PPE, cleaning and sanitation materials, supplies, and services
    - Materials and supplies for enhancing environment
    - Materials, supplies, and labor for structural changes and modifications
    - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

Submit

Application Details

**Revise su envío**  
Debe corregir cualquier entrada con texto rojo, lo que indica que hay una discrepancia u otro problema con la información ingresada.

El texto en rojo indica que hay información que no coincide entre la página **Application Details** (Detalles de la solicitud) y los detalles de cada menor que usted reportó. La información inconsistente o incorrecta retrasará y posiblemente no permitirá que su solicitud sea procesada. Es imprescindible que corrija la información indicada en color rojo. Si tiene problemas para corregir/modificar su solicitud, envíe un correo electrónico o llame para solicitar asistencia.

Haga clic en **Application Details** (Detalles de la solicitud) para regresar a la solicitud y corregir según sea necesario.

# Finalizar su solicitud

## 13. Revise los Términos y condiciones

Después de revisar su información, lea los **Términos y condiciones** del programa. **Tenga en cuenta** que se recomienda *encarecidamente imprimir y/o guardar en un lugar seguro los Términos y condiciones y todos los respaldos de gastos relacionados al financiamiento.*

Common Details	
Funding Period	08/30/2020 - 09/05/2020
Grantee Name	Ware, Ace H

[...More](#)

Payment Program Details for <i>Providing Safe, Healthy, And High-Quality Child Care Opportunities</i>	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P00000344
Number of Children Enrolled	3
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

I receive funding for **Program A Providing Safe, Healthy, And High-Quality Child Care Opportunities** I agree to the following:

- I have been providing safe, healthy and high quality child care opportunities related to the State of Emergency.
- I have read and understand the health and safety recommendations outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for payroll purposes and other allowable expenses which include but are not limited to:
  - Parent reimbursement for cost of care
  - Mortgage/rent
  - Utilities
  - Materials/supplies for cleaning and sanitation
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Payroll registers and time sheets
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies
  - Documentation to support employee wage increases
  - Documentation to support parent reimbursement for cost of care (cancelled check, money order, parent payment ledger or other documentation supporting parent reimbursement)
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive funding.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

**Submit**

## 14. Envíe su solicitud

Una vez que haya leído los **Términos y condiciones**, haga clic en la casilla de verificación "I accept the Terms and Conditions above" (Acepto los Términos y condiciones indicados anteriormente) y haga clic en **Submit** (Enviar) para enviar su solicitud.

# Enviar su solicitud

## Mensaje de error

Si tiene muy pocos niños menores de 6 años registrados en su solicitud, no podrá enviar su solicitud porque no cumple con las pautas de elegibilidad. Revise los [requisitos de la solicitud](#).

### COVID-19 Payments - Submit Application

**You may not submit this application because there are too few children under age 6. Review the application requirements.**

Common Details	
Funding Period	Fall 2020
Grantee Name	Test, Test

[...More](#)

Payment Program Details for <i>Providing Safe, Healthy, And High-Quality Child Care Opportunities</i>	
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	3
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 10/19/20.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

If I receive funding for Program A – Providing Safe, Healthy, And High-Quality Child Care Opportunities I agree to the following:

- I will use the funds to support the costs of maintaining or enhancing high-quality care.
- I will follow the health and safety guidelines for child care providers as outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for the following purposes which include but are not limited to:
  - Personal Protective Equipment (PPE)
  - Materials/supplies for cleaning and sanitation
  - Materials/supplies for enhancing environment
  - Professional development and/or continuing education
  - Structural changes/modifications to meet compliance guidelines or enhance the program environment
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies including but not limited to:
    - PPE, cleaning and sanitation materials, supplies, and services
    - Materials and supplies for enhancing environment
    - Materials, supplies, and labor for structural changes and modifications
    - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

**Submit**

**Application Details**

# Modificaciones después del envío

15

## 15. Actualizar la información después del envío

Podrá actualizar la información después de enviar su solicitud, **hasta la medianoche del último día del plazo para realizar la solicitud**. Deberá modificar cada sección y el detalle de información.

- Para modificar información en *Common Details* (detalles generales), haga clic en **Modify Common Details** (modificar detalles generales).

- Para modificar información en *Application Details* (detalles de la solicitud), específicamente el número de niños inscritos durante el período de financiamiento, haga clic en **Modify Application Details** (modificar detalles de la solicitud). Recuerde, cualquier cambio en la cantidad de menores afectará la cantidad de menores que debe ingresar en el módulo *Add Children* (Agregar niños).

**D-19 Payments – Application Details**

Common Details	
Grantee First Name	Test
Grantee Middle Initial	
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(555) 555-1223
Funding Period	Fall 2020
Was your facility open on 09/04/2020?	Yes
Does your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No
Did your facility serve any children living in rural areas?	No

**Modify Common Details**

---

**Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities**

Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities
Grant Application ID	P000000203
Number of Children Enrolled	3
Grant Status	Submitted (view Terms and Conditions)

**Modify Application Details**

Temporary Closure | Operational Hours | Children | Payment Documents | Application Review

Payment Program Summary

Puede usar los botones **Temporary Closure** (Cierre temporal), **Operational Hours** (Horas de funcionamiento), **Staff** (Personal) y **Children** (Menores) para actualizar esas secciones de la solicitud. Consulte las instrucciones específicas para cada sección indicadas anteriormente.



**CÓMO SOLICITAR EL PAYMENT PROGRAM B  
(PROGRAMA DE PAGOS B)**

**Fondos para  
esfuerzos de  
contratación y  
retención de  
personal**

# Comenzar su solicitud

1

D-19 Payment Application List  
or COVID-19 payments and view details of payment program applications already started or completed.

Funding Period	When Can I Apply?	Payment Program	Status	
March 12 - April 11	May 03 - May 15	Providing Funding To Care For Essential Workforce Families	Not Available	
March 12 - April 11	May 03 - May 15	Incentive Pay	Not Available	
March 12 - April 11	May 03 - May 15	Support For Closed Child Care Programs	Not Available	
April 12 - May 11	May 31 - June 14	Providing Funding To Care For Essential Workforce Families	Not Available	
April 12 - May 11	May 31 - June 14	Incentive Pay	Not Available	
April 12 - May 11	May 31 - June 14	Support For Closed Child Care Programs	Not Available	
May 12 - June 11	June 29 - September 08	Providing Funding To Care For Essential Workforce Families	Not Available	
May 12 - June 11	June 29 - September 08	Incentive Pay	Not Available	
May 12 - June 11	June 29 - September 08	Support For Closed Child Care Programs	Not Available	
Fall 2020	August 28 - September 08	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	Apply ▶
Fall 2020	August 28 - September 08	Funding Staff Recruitment And Retention Efforts	Not Applied	Apply ▶

## 1. Comience la solicitud

Para solicitar un programa específico, seleccione el botón **Apply** (Solicitar) en la página *Summary* (Resumen).

## 2. Revise la información del programa de pagos

Después de seleccionar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago seleccionado
- Cuándo puede solicitar el proveedor
- Qué información se recopilará en el proceso de solicitud
- Qué sucede después de presentar la solicitud

## 3. Continúe

Haga clic en **Continue** (Continuar) para ir a la página **Application Details** (Detalles de la solicitud).

**COVID-19 Payments**  
Please read all the below details before proceeding with application

**COVID-19 Payments Information**

**IMPORTANT NOTICE:** The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

**What is Program B Funding Staff Recruitment And Retention Efforts?**  
The *Funding Staff Recruitment And Retention Efforts* payment program is intended to support the costs associated with recruiting and retaining high-quality staff. Details about the purpose, conditions, and determination of the payment can be viewed on the [payment information page](#).

**When Can I Apply?**  
You may apply for this payment anytime from 08/28/2020 through 09/08/2020. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

**What information do I need to complete this application?**  
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures due to COVID-19
- Hours of operation during COVID-19 emergency
- Staff information
- Enrolled children information
- Reopen/Closure details (Required if location is closed)

**What happens after I submit my application?**  
After 09/08/2020, DCF will evaluate and determine payments. You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days, and must be finalized before the end of the review period in order to receive your payment through direct deposit. If you prefer to receive a check, you will receive additional instructions with your payment determination notice. Please note that receiving a check will take longer than direct deposit through FIS.

Continue ▶

2

3

# Agregar detalles de su programa en la solicitud

**COVID-19 Payments – Add Application Details**  
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

**Gantee Details**

Funding Period: Fall 2020

Grantee First Name \*

Grantee Middle Initial

Grantee Last Name \*

Grantee Email \*

Grantee Phone \*

**Tell us if your program is opened or closed due to COVID-19**

Was your facility open on 09/04/2020? \*  Yes  No

**Tell us about the children at your facility**

Did your facility serve any children with disabilities? \*  Yes  No ⓘ

Did your facility serve any children who speak languages other than English? \*  Yes  No

Did your facility serve any children who are experiencing homelessness? \*  Yes  No ⓘ

Did your facility serve any children from tribal communities? \*  Yes  No

Did your facility serve any children living in rural areas? \*  Yes  No ⓘ

**Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities**

Payment Program: Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled \*  ⓘ

Enter the number of children enrolled on 09/04/2020 at this location.

Comments

**Add**

## 4. Agregue detalles del beneficiario del programa

Hay un solo período de financiamiento para esta solicitud.

Asegúrese de ingresar la información marcada con una estrella roja. ❌

Si se ingresa información errónea, su solicitud se podría retrasar.

## 5. Informe las aperturas/cierres de su programa

¿Estuvo abierto su Centro el 09/04/2020?

## 6. Información sobre los menores que atiende su programa

En esta sección, puede hacer clic en el ⓘ icono para obtener mayor información sobre la pregunta.

Haga clic en **Add (Agregar)** para pasar a la página siguiente.



**NOTA:** Si anteriormente solicitó fondos a través del Child Care Counts Payment program (Programa de pagos El Cuidado infantil importa) original, muchos de los campos de la solicitud se completarán automáticamente. Revise todos los campos que se completaron para asegurarse de que aún estén correctos y actualícelos según sea necesario.

# Actualizar o verificar cierres temporales del programa

## 7. Cierres temporales

Se le pedirá que verifique cualquier cierre temporal durante el período de financiamiento. Si los cierres ya estaban ingresados en el Portal para proveedores, se mostrará esa información aquí. Si necesita agregar un período de cierre temporal, seleccione el botón **Add Temporary Closure** (Agregar cierre temporal) y será dirigido a la sección **Closure Schedule** (Calendario de cierres) que se muestra a continuación.

**COVID-19 Payments - Temporary Closure**

**Common Details**

Funding Period: Fall 2020  
Grantee Name: Hardware, Ace

**Verify Temporary Closure**

From	To	Closure Reason	Comments
		No closures	

The closure periods should reflect any periods of time your facility was closed during the funding period (8/30/2020 - 9/5/2020). You must verify the closure periods above by checking the box below and selecting Verify. If you need to add a new closure period, select the 'Add' button.

**Add Temporary Closure**

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Verify**

**COVID-19 Payments - Add Closure Schedule**

Due to the COVID-19 health emergency, please help DCF understand when you are closed and open. If you are closing, please enter your closure period here and also contact your licensor or certifier.

**Common Details**

Funding Period: Fall 2020  
Grantee Name: Hardware, Ace

**Verify Temporary Closure**

From Date: 3/13/2020  
To Date: 3/25/2020  
COVID-19 Closure Reason: COVID-19 Lack of families  
Comments: Not enough kids

**Add**

**Temporary Closure**

Después de incluir todos los cierres temporales, haga clic en la casilla de verificación para indicar que ha registrado y verificado con precisión los cierres temporales de su programa.

**Si no tuvo ningún cierre temporal durante el período de financiamiento, marque la casilla de verificación y seleccione **Verify (Verificar)** para continuar con la solicitud.**

The closures listed above are accurate and complete for the period of 8/30/2020 to 9/5/2020. If you were not closed during the funding period, check the box to verify that there were no closure periods during the funding period.

**Verify**

# Actualizar o verificar las horas de funcionamiento

## COVID-19 Payments - Operational Hours

Add Operational Hours

**8**

---

### Common Details

Funding Period	Fall 2020
Grantee Name	Hardware, Ace

[...More](#)

---

### Operational Hours

Specify your Operating Hours during  
8/30/2020 - 9/5/2020

Enter open times for each day you are open  
(e.g., 7 am - 6 pm)

Sunday

Monday  
6:00 AM - 6:00 PM

Tuesday  
6:00 AM - 6:00 PM

Wednesday  
6:00 AM - 6:00 PM

Thursday  
6:00 AM - 6:00 PM

Friday  
6:00 AM - 6:00 PM

Saturday

Open some hours between 6 am and 6 pm ? \*  Yes  No

Open some hours before 6 am or after 6 pm ? \*  Yes  No

Comments

**Add**

◀  Operational Hours Details

## 8. Horas de funcionamiento

En la siguiente sección, informe las horas de funcionamiento de su programa durante el período de los fondos. Las horas de funcionamiento se completarán automáticamente en base a su licencia o certificación. Si realizó algún cambio en sus horas de funcionamiento para ampliar el horario de atención durante el período de financiamiento, deberá actualizar la información para todos los días que difieran del horario regular de su licencia o certificación. Seleccione el botón **Add** (Agregar) para guardar su información y continuar a la sección **Individuals** (Personas), donde informará el personal del programa durante la Emergencia por COVID-19.

# Añadir personal al programa

## 9. Revisar el personal asociado al programa

Se le pedirá que verifique a cada miembro del personal que trabajó en su programa durante el período de financiamiento. En esta página se mostrarán todas las personas añadidas a su programa.



Si no ve a un miembro del personal que trabajó durante el período de financiamiento, debe agregarlo en la sección *Individual Module* (módulo de personas) si desea que se le considere para el financiamiento. Solo podrá añadir personal que tenga a lo menos cursada la solicitud de verificación de antecedentes en el sistema. Consulte el **Appendix I** (apéndice I) para obtener información sobre cómo agregar a una persona.

Common Details		
Funding Period	Fall 2020	
Grantee Name	Ware, Ace H	

  

Staff		
Name	Care Type	Current Payroll
Ace Hardware	Full-Time	Yes

Buttons: Add Staff, Details

9

Haga clic aquí para agregar personal.

Haga clic aquí para ver los detalles del personal.



**Si es un proveedor familiar y es el único empleado en su programa, solo tendrá que agregar su información.**

# Agregar un miembro al personal

**Individuals**  
Select Staff to Attach to COVID-19 Payments Request

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual List.

Common Details		
Funding Period	Fall 2020	
Grantee Name	Ware, Ace H	

...More

Individuals		
Name	Role(s)	Employment Period
Ace Hardware	Applicant/Licensee	02/18/13

Select ▶

Common Details	
Funding Period	Fall 2020
Grantee Name	Hardware, Ace
Funding Period	Fall 2020
Grantee Name	Ware, Ace H

...More

Individual	
Name	Ace Hardware
Employment Period	2/18/2013

Staff Details	
Care Type? *	<input checked="" type="radio"/> This person typically works 21 or more hours per week at this location <input type="radio"/> This person typically works 20 or fewer hours per week at this location
Is the individual on payroll at anytime between 8/30/2020 and 10/19/2020? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments	

Add Staff

Staff List

10. Agregar personal para ser considerado en el financiamiento  
Para agregar un miembro al personal para que sea considerado en el financiamiento, use el botón **Select** (Seleccionar) para completar información de la persona.

Haga clic en el botón **Add Staff** (agregar personal) para guardar la información de la persona. Será dirigido a la página *Staff Summary* (resumen del personal) para revisar las personas añadidas a la solicitud. Para agregar más personal desde la sección *Staff Summary* (Resumen del personal), haga clic en el botón **Add Staff** (Agregar personal) para volver a la lista de *Individuals* (Personas) y seleccionar otro empleado.

**COVID-19 Payments - Staff**  
Staff Attached to COVID-19 Payments Request

Common Details	
Funding Period	Fall 2020
Grantee Name	Ware, Ace H

...More

Staff		
Name	Care Type	Current Payroll
Ace Hardware	Ful-Time	Yes

Details ▶

Add Staff ▶

Una vez que haya terminado de agregar a todas las personas a la aplicación, seleccione el botón **Add Child** (agregar menor) para continuar con la solicitud.

# Agregar información de los menores

## 11. Agregue menores a la solicitud

Se le solicitará agregar a *todos* los menores inscritos en su programa que se inscribieron el **9/4/20**.

**NOTA:** La cantidad de menores agregados en esta sección debe ser igual a la cantidad de menores que indicó que estaban inscritos en la primera página de la solicitud:  
*Add Application Details*  
(Agregar detalles en la solicitud).

Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Payment Program Providing Safe, Healthy, And High-Quality Child Care Opportunities

Number of Children Enrolled \*  ⓘ

Comments

Add

### COVID-19 Payments – Add Child

Common Details

Funding Period Fall 2020

Grantee Name Ware, Ace H

...More

Child Details

First Name \* Hack

Middle Initial

Last Name \* Saw

Date of Birth \* 8/1/2019

Care Type \*  Full-time Care  Part-time Care

Has disability? \*  Yes  No ⓘ

Speaks language other than English? \*  Yes  No

Experiencing homelessness? \*  Yes  No ⓘ

Living in tribal community? \*  Yes  No ⓘ

Living in rural area? \*  Yes  No ⓘ

WI Shares recipient during 8/30/2020 – 9/5/2020? \*  Yes  No

Attend during 8/30/2020 – 9/5/2020? \*  Yes  No ⓘ

Did the child attend at least one day between 8/30/2020 and 9/5/2020?

Comments

Add

Haga clic en el ⓘ icono para obtener mayor información sobre la pregunta.

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

# Lista de menores de subvenciones anteriores

## 12. Verificar lista anteriores de menores

Si anteriormente solicitó fondos de Child Care Counts (El Cuidado infantil importa), los menores agregados a su solicitud previa aparecerán aquí y se pueden copiar en su solicitud actual. Haga clic en **COPY** (COPIAR) para agregar menores a su solicitud. Esto le llevará a la página **Child Details** (Detalles del menor).

COVID-19 Payments – Previous Grant Child List			
Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
<a href="#">...More</a>			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	<b>12</b> Copy ▶
Star Bolt	5/4/2016	Full-Time Care	Copy ▶
Kit C Broom	8/3/2015	Part-Time Care	Copy ▶
<a href="#">Add Child</a> ▶			
<a href="#">◀ Child List</a>			

Child Details	
First Name *	<input type="text" value="Child"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="One"/>
Date of Birth *	<input type="text" value="1/1/2019"/>
Care Type *	<input checked="" type="radio"/> Full-time Care <input type="radio"/> Part-time Care
Has disability? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Speaks language other than English? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Experiencing homelessness? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
Living in tribal community? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Living in rural area? *	<input type="radio"/> Yes <input checked="" type="radio"/> No ⓘ
WI Shares recipient during 8/30/2020 - 9/5/2020? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attend during 8/30/2020 - 9/5/2020? *	<input type="radio"/> Yes <input type="radio"/> No ⓘ

Verifique los detalles del menor que se copiaron e indique si el menor asistió al menos un día entre el 8/30/20 y el 9/5/20. Haga clic en el ⓘ icono para obtener mayor información sobre las preguntas.

Haga clic en el botón **Add** (Agregar) una vez que haya completado toda la información en la página.

# Agregar información de los menores

## 13. Agregue menores a la solicitud

Después de agregar un niño a la aplicación, será dirigido a la sección *Child List* (lista de niños) que le mostrará los niños agregados a su solicitud. Haga clic en el botón **Add Child** (agregar niño) para continuar agregando niños a su solicitud. Recuerde, la cantidad de niños que se muestra en esta lista debe coincidir con la cantidad de niños inscritos que indicó en la sección *Grant Details* (detalles de la subvención).

**13** VID-19 Payments – Child List

**Common Details**  
Funding Period: Fall 2020  
Grantee Name: Ware, Ace H

Name	Date of Birth	Care Type	Details
Hex Bott	2/4/2018	Full-Time Care	Details
Star Bott	5/4/2016	Full-Time Care	Details
Kit C Broom	8/3/2015	Full-Time Care	Details

Add Child

**COVID-19 Payments – Child Details**

**Common Details**  
Funding Period: 03/12/2020 - 04/11/2020  
Grantee Name: Provider, Test

**Child Details for COVID-19 Payments**  
First Name: Test  
Middle Initial:  
Last Name: Baby  
Date of Birth: 1/1/2010

Child List

Si necesita actualizar o revisar la información de un niño específico, haga clic en el botón **Details** (detalles) para acceder al registro de ese niño. Haga clic en el botón **...More** (...Más) para acceder al botón **Modify Child** (Modificar detalles del menor).

Si agregó un menor por error a la solicitud, puede eliminarlo marcando la casilla **Remove this child from the grant?** (¿Eliminar este menor de la subvención?)

Comments

Remove this child from the grant?

Save

Haga clic en **Save** (guardar) en la página *Modify Child Details* (modificar detalles del niño) si ha cambiado alguna información y volverá a *Child List* (lista de niños). Puede continuar agregando niños según sea necesario, o bien, proceda a enviar su solicitud.

# Finalizar su solicitud

14

## VID-19 Payments – Previous Grant Child List

Common Details			
Funding Period	08/30/2020 - 09/05/2020		
Grantee Name	Ware, Ace H		
<a href="#">More</a>			
Name	Date of Birth	Care Type	
Hex Bolt	2/4/2018	Full-Time Care	<a href="#">Copy</a>
Star Bolt	5/4/2016	Full-Time Care	<a href="#">Copy</a>
Kit C Broom	8/3/2015	Part-Time Care	<a href="#">Copy</a>
<a href="#">Add Child</a>			
<a href="#">Submit Application</a>			
<a href="#">Application details</a>			

14. Revise el envío de su solicitud. Haga clic en **Submit Application** (Enviar solicitud) para finalizar su solicitud.

Será dirigido a la página **Submit Application** (enviar solicitud). En la parte superior de la página se comparará la información que ingresó en la sección **Application Details** (detalles de la solicitud) con la información que ingresó para cada niño. El texto en rojo indica que hay información que no coincide entre la página **Application Details** (Detalles de la solicitud) y los detalles de cada menor.

La información inconsistente o incorrecta retrasará, y/o posiblemente no permitirá que su solicitud sea procesada. Es imprescindible que corrija la información indicada en color rojo. Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para solicitar asistencia.

COVID-19 Payments – Application Details					
<a href="#">Continue to Child List</a>					
Common Details					
Grantee First Name	Test				
Grantee Middle Initial					
Grantee Last Name	Test				
Grantee Email	test@gmail.com				
Grantee Phone	(555) 555-1223				
Funding Period	Fall 2020				
Was your facility open on 09/04/2020?	Yes				
Did your facility serve any children with disabilities?	No				
Did your facility serve any children who speak languages other than English?	No				
Did your facility serve any children who are experiencing homelessness?	No				
Did your facility serve any children from tribal communities?	No				
Did your facility serve any children living in rural areas?	No				
<a href="#">Modify Common Details</a>					
Payment Program Details for Providing Safe, Healthy, And High-Quality Child Care Opportunities					
Payment Program	Providing Safe, Healthy, And High-Quality Child Care Opportunities				
Grant Application ID	P000000203				
Number of Children Enrolled	3				
Grant Status	Incomplete (view Terms and Conditions)				
<a href="#">Modify Application Details</a>					
<a href="#">Temporary Closure</a>	<a href="#">Operational Hours</a>	<a href="#">Children</a>	<a href="#">Payment Documents</a>	<a href="#">Submit Application</a>	<a href="#">Application Review</a>
<a href="#">Payment Program Summary</a>					

# Finalizar su solicitud

## 15. Revise los Términos y condiciones

Después de revisar su información, lea los **Términos y condiciones** del programa. **Tenga en cuenta** que recomendamos encarecidamente imprimir y/o guardar en un lugar seguro los **Términos y condiciones** y todos los respaldos de gastos relacionados al financiamiento.

**COVID-19 Payments - Submit Application**

Common Details	
Funding Period	Fall 2020
Grantee Name	Te, Terstes

[...More](#)

Payment Program Details for <b>Funding Staff Recruitment And Retention Efforts</b>	
Payment Program	Funding Staff Recruitment And Retention Efforts
Grant Application ID	R00000219
Number of Children Enrolled	3
Grant Status	Incomplete

### Terms and Conditions

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I certify that my program is currently open, or that I plan to reopen by 10/19/20.
- I understand that the Department of Children and Families may monitor and review my use of program funds.

I receive funding for **Program B – Funding Staff Recruitment And Retention Efforts** I agree to the following:

- I will use the funds to support the costs associated with recruiting and retaining high-quality staff by providing incentive pay or sign-on bonus to current or future employees with approved background checks
- I will follow the health and safety guidelines for child care providers as outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I understand that the payment is comprised of a base amount and a per-staff amount, and I will use the funds as following:
  - I will use the awarded per-staff amount funds to increase pay (in form of a bonus or wage increase) for all individuals (employees or myself as a family provider) that were listed on the application
  - I will use the awarded base amount funds towards staff recruitment or ongoing support for staff
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Employee payroll registers or other payroll system substantiation of pay rate increase
  - Communications/notification to employees of wage increase or personnel policy explaining wage increase
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive funding.
- I understand that DCF requires repayment of funds disbursed if terms and conditions are not met.

I accept the Terms and Conditions above.

**Submit**

Application Details

## 16. Envíe su solicitud

Una vez que haya leído los **Términos y condiciones**, haga clic en la casilla de verificación “I accept the Terms and Conditions above” (Acepto los Términos y condiciones indicados anteriormente) y haga clic en **Submit** (Enviar) para enviar su solicitud.

# Modificaciones después del envío

## 17. Actualice información después del envío

Podrá actualizar información después de enviar su solicitud, hasta la medianoche del último día del plazo para solicitar. Deberá modificar cada sección y el detalle de información.

- Para modificar información en *Common Details* (detalles generales), haga clic en **Modify Common Details** (modificar detalles generales).

- Para modificar información en *Application Details* (detalles de la solicitud), específicamente el número de niños inscritos durante el período de financiamiento, haga clic en **Modify Application Details** (modificar detalles de la solicitud). Recuerde, cualquier cambio en la cantidad de menores afectará la cantidad de menores que debe ingresar en el módulo *Add Children* (Agregar menores).

**COVID-19 Payments – Application Details**

Common Details	
Grantee First Name	Test
Grantee Middle Initial	Test
Grantee Last Name	Test
Grantee Email	test@gmail.com
Grantee Phone	(545) 646-5465
Funding Period Begin Date	03/12/2020
Funding Period End Date	04/11/2020
Was your facility open on 04/11/2020?	No
Date your facility opened if after 03/12/2020?	
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No
Did your facility serve any children living in rural areas?	No
Did you receive any funds for COVID-19 other than from DCF or WI Shares (e.g., SBA grant, Dane County CARES funding, etc)?	No

**Modify Common Details**

Payment Program Details for <i>Providing Funding To Care For Essential Workforce Families</i>	
Payment Program	Providing Funding To Care For Essential Workforce Families
Grant Application ID	E000000057
Number of Children Enrolled	1
Capacity during COVID-19 emergency	50
If you receive a payment, what percentage of the funds do you plan on paying for staff compensation?	50%-74%
If you receive a payment, do you plan on using any of these funds to reimburse families of essential workers?	Yes
Grant Status	Submitted (view Terms and Conditions)

**Modify Application Details**

Temporary Closure    Operational Hours    Staff    Children

Payment Program Summary

Puede usar los botones **Temporary Closure** (Cierre temporal), **Operational Hours** (Horas de funcionamiento), **Staff** (Personal) y **Children** (Menores) para actualizar esas secciones de la solicitud. Consulte las instrucciones específicas para cada sección indicada anteriormente.



# APÉNDICE

# APÉNDICE I

## Agregar personas al Child Care Provider Portal (Portal para proveedores de cuidado infantil)

El *Individuals Module* (Módulo de personas) permite a los proveedores de cuidado infantil ingresar a los empleados actuales y futuros y a los miembros del hogar para fines de verificación de antecedentes.

### Individuals

Select Staff to Attach to COVID-19 Payments Request 

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual list.

Common Details	
Funding Period	Fall 2020
Grantee Name	Ware, Ace H

[...More](#)

Individuals			
Name	Role(s)	Employment Period	
Ace Hardware	Applicant/Licensee	02/18/13	Select 

Si no ve a un miembro del personal que trabajó durante el período de financiamiento, debe agregarlo en esta sección si desea que sea considerado para el financiamiento.

Sólo podrá añadir personal que tenga a lo menos cursada la solicitud de verificación de antecedentes en el sistema.

Siga el enlace a continuación para descargar la Guía del usuario del <Child Care Provider Portal (CCPP, Portal para proveedores de cuidado infantil) más reciente.



<https://dcf.wisconsin.gov/files/publications/pdf/5221.pdf>